

NYULMC Bilateral Total Knee Replacement Protocol

Exclusion Criteria

1. Age > 75 years
2. ASA 3 or 4
3. Ischemic Heart Disease (positive stress test)
4. On aggressive anticoagulation or Plavix
5. Have poor ventricular function (LVEF < 50%)
6. Have oxygen dependent pulmonary disease
7. Have renal insufficiency or end stage renal disease, Cr > 1.6
8. Have steroid dependent asthma or COPD
9. Have pulmonary hypertension (PAP>45)
10. Are morbidly obese, BMI 40 or greater
11. Have chronic liver disease (Childs class B or worse)
12. Have cerebral vascular disease
13. Have sleep study proven obstructive sleep apnea without treatment, or STOP/BANG >5
14. Insulin Dependent Diabetes Mellitus, Blood Glucose above 180
15. History of DVT or PE
16. History of Congestive Heart Failure
17. Hgb < 11 or Jehovah's Witness

Guidelines

- A. Consider echocardiography if there is a question of right sided heart strain/pulmonary artery hypertension to assess for dysfunction that would preclude Bilateral TKA.
- B. Anesthesia will make a determination of inclusion for bilateral, simultaneous TKA at PAT. Anesthesia will identify those that need an echocardiogram at PAT.
- C. Consider doing the second TKA of simultaneous bilaterals without tourniquet until the first tourniquet is down.
- D. When possible the 2nd knee of a bilaterally involved patient that does not qualify for same session bilateral TKA should be done 3 months or more after the first knee to avoid VTED increased risk